



Camellia Baptist Weekday Education Ministry

Student Withdrawal Form

Student Name	
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I advise that the above student will be withdrawn from Camellia Baptist Weekday Education Ministry as of (last day of attendance)

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Reason for Leaving

- Childcare no longer needed
 Family relocation
 Conflict with center/director/teacher
 Financial
 Moved to another childcare center
 Other (Please Specify) _____

Financial Statement

As of

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 my account shows a credit (-)/ balance (+) of

_____ I understand that any balance due on the account is to be paid in full at the time /date my child is withdrawn. I will be taking the following actions to bring my account to a \$0.00 balance:

_____ A student's withdrawal from our center requires a ONE WEEK WRITTEN notice or a full week of tuition will be charged. **The Student Withdrawal Form must be filled out and submitted to the WEM Office in order for the withdrawal process to be completed.** Credits applied to the child's account for lack of attendance CANNOT be applied after the child's last date of physical attendance at the center. (Ex: ½ week credit applied for withdrawal notice without child attending).

ACCOUNT CREDIT

- Request for Refund: Make Check Payable to (Name and Address): _____
 Donate balance to Camellia WEM
 Apply balance specifically (Explain: _____)

ACCOUNT BALANCE

- Pay Balance in FULL
 Pay Specific Amount
 Other: _____

Note: _____

Balance will be PAID IN FULL by:

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I agree to pay the above balance by the above date. I understand that this balance is for services rendered and I am responsible for it. If the balance is not paid in full by the above date, I understand that my account will negatively affect any future enrollment in Camellia WEM and that my account may be turned over to a Collection Agency.

Parent/Guardian Signature: _____	Date: _____
Director/Assistant Director Signature: _____	Date: _____